



**DEPARTMENT OF THE NAVY**  
NAVAL DENTAL CENTER SOUTHWEST  
2310 CRAVEN ST.  
SAN DIEGO, CALIFORNIA 92136-5596

NDCSWINST 11240.1C  
02OPM  
Aug 02

NAVDENCEN SOUTHWEST INSTRUCTION 11240.1C

Subj: USE OF GOVERNMENT VEHICLES

Ref: (a) OPNAVINST 11240.8G  
(b) NAVFAC P-300  
(c) OPNAVINST 5100.12

Encl: (1) Motor Vehicle Utilization Record, DD Form 1970  
(2) Operator's Report of Motor Vehicle Accident SF Form 91  
(3) Motor Vehicle Check-List NAVFAC 9-11240/13

1. Purpose

a. To provide policy in accordance with references (a) through (c) concerning the official use of government vehicles under the control of Naval Dental Center Southwest (NDCSW).

b. To establish guidance for reporting mileage and proper maintenance and care of government vehicles under the control of NDCSW.

2. Cancellation. NAVDENCENS DIEGOINST 11240.1B.

3. Background. The image of the command is often based upon available resources, and the condition and appearance of our personnel, vehicles and fixed assets (building and equipment). For these reasons, we must be above reproach when we operate, maintain and care for government vehicles.

4. Policy

a. The use of command vehicles shall be restricted to "Official Use Only." Determination for official purposes is a matter of administrative discretion to be exercised within applicable laws and regulations. Interpretation of such is delegated to Head, Operation Management Department.

b. In making a determination, consideration shall be given to all pertinent factors including:

- (1) Is use to the successful completion of a command function, activity and/or operation?
- (2) Is use consistent with the purpose for which the vehicle was acquired?
- (3) Will use needlessly endanger the vehicle and/or occupants?

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(4) What are the ramifications if use is not accomplished?

c. The use of command vehicles shall not be authorized for:

(1) Transportation of personnel over any or all of the routes between their domiciles and places of work/employment except as authorized herein. This does not preclude the transportation of personnel between work areas.

(2) Transportation to, from or between locations for the purpose of conducting personal business or engaging in other activities of a personal nature.

(3) Transportation when the justification is based solely on reasons of rank, prestige or personal convenience.

d. The use of command vehicles is authorized for:

(1) Support of command sponsored groups such as athletic teams, color guard, training/professional growth organizations and groups within the command that improve morale and welfare, and support command recreation functions.

(2) Military and civilian personnel officially participating in public ceremonies, military field demonstrations and parades directly relating to official activities and/or designed to improve the public image of the command.

(3) Support of domestic action programs authorized by higher authority.

e. Commanding Officer's Vehicle:

(1) The Commanding Officer is authorized a government vehicle commensurate with his/her rank and office. This vehicle is issued to reduce the high usage of the Commanding Officer's personal vehicle for government business.

(2) This vehicle is authorized to transport the Commanding Officer and guest, to/from official functions, to/from TAD assignments (to/from airport, reasonable driving distance TAD, etc.) and to/from social events that require the Commanding Officer's presence in an official capacity.

(3) Head, Operating Management, shall authorize situations not addressed above.

5. Other Provisions

a. Unauthorized persons are not allowed to ride in command vehicles. An unauthorized passenger is any private citizen not directly involved in government business, except as listed above. An important factor to consider is the liability, which may be incurred in the event of an accident or mishap resulting in personal injury and loss or damage of property.

b. The member who has signed custody of a vehicle is responsible for the conduct of all passengers and the safe transportation of the vehicle.

6. Responsibilities

a. Head, Operating Management will:

- (1) Be the asset manager for all command vehicles.
- (2) Ensure all vehicles are properly maintained.
- (3) Schedule all required maintenance with Public Works Center.
- (4) Ensure vehicles are placed in accordance with applicable directives.
- (5) Monitor usage and ensure maximum effective results from logged mileage.
- (6) Monitor hourly and mileage usage of all vehicles and submit required reports.

b. Branch Dental Clinics (BDCs), Department/Divisions with assigned vehicles:

(1) Vehicles shall be preassigned to specific BDC, departments/divisions with high use for departmental dispatching.

(2) BDCs, Department/Divisions LCPO/LPOs will monitor use and care of all vehicles assigned.

(3) Submit daily Motor Equipment Utilization Record DD Form 1970, enclosure (1), to Head, Operating Management.

(4) Ensure assigned vehicles are kept neat and clean at all times. This includes washing and general cleaning on a weekly basis.

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(5) Ensure all accidents are promptly reported to Head, Operating Management and the command Safety Officer, utilizing Operator's Report of Motor Vehicle Accident, enclosure (2).

(6) Ensure all drivers have the required valid state operator's license.

(7) Ensure all drivers properly perform vehicle checks prior to starting a vehicle. Check lists, enclosure (3), are provided by Head, Operating Management.

(8) Report all unsafe or unusual vehicle conditions to Head, Operating Management for corrective action.

(9) Submit requests for vehicle accessories to Head, Operating Management for review, budgeting and procurement. Only those accessories that improve the safe operation/and/or enhance the vehicle's ability to perform its primary functions will be considered.

(10) Ensure all drivers under 26 have attended the Safe Driving Course as required by reference (c).

c. Motor Vehicle Operators:

(1) Follow the vehicle checklist and check for any unusual conditions prior to placing vehicle in motion.

(2) Only allow as many passengers as there are installed seat/safety belts. All seat/safety belts are to be in use prior to placing any vehicle in motion.

(3) Never allow unprofessional behavior from any passenger in the vehicle.

(4) Keep the vehicle neat and clean at all times.

(5) Strictly prohibit smoking in government vehicles.

(6) Refill vehicles at the completion of use if it has less than a half of tank of gas.

(7) Report all unsafe or unusual vehicle conditions to Head, Operating Management for corrective action.

(8) Obey all traffic laws.

d. After Normal Working Hours

(1) Duty crewmembers will comply and familiarize themselves with the requirements of this instruction.

7. Action. Branch Directors will ensure all personnel are aware of the contents of this instruction and are to take action as necessary to maintain compliance with the provisions herein.



J.W. KIRBY

Distribution:  
List 1, Case 1, 3

## MOTOR EQUIPMENT UTILIZATION RECORD 05 FFB 1997

DATE (YYMMDD)		TYPE OF EQUIPMENT		REGISTRATION NO./SERIAL NO.		ADMINISTRATION NO.	
ORGANIZATION NAME		ACTION	TIME	MILES	HOURS	FUEL	OIL
1ST OPERATOR (Last Name, First, M.I.)		IN				REPORT TO (Last Name, First, M.I.)	
OPERATOR'S SIGNATURE		OUT				DISPATCHER'S SIGNATURE	
		TOTAL					
2D OPERATOR (Last Name, First, M.I.)		IN				REPORT TO (Last Name, First, M.I.)	
OPERATOR'S SIGNATURE		OUT				DISPATCHER'S SIGNATURE	
		TOTAL					
3D OPERATOR (Last Name, First, M.I.)		IN				REPORT TO (Last Name, First, M.I.)	
OPERATOR'S SIGNATURE		OUT				DISPATCHER'S SIGNATURE	
		TOTAL					
4TH OPERATOR (Last Name, First, M.I.)		IN				REPORT TO (Last Name, First, M.I.)	
OPERATOR'S SIGNATURE		OUT				DISPATCHER'S SIGNATURE	
		TOTAL					
DESTINATION		TIME		RELEASED BY (Signature)		REMARKS	
		ARRIVE	DEPART				
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TO							
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## INSTRUCTIONS

\*1. *Date.* Enter the calendar date the equipment is to be used.

2. *Type of Equipment.* Enter the type of equipment as designated in the equipment log.

3. *Registration Number or Serial Number.* Enter the equipment registration number or serial number.

4. *Administration Number.* Enter the unit bumper or administrative number.

5. *Organization Name.* Enter the organization to which the equipment is assigned.

\*6. *Operator.* Enter the name of the equipment operator.

7. *Operator's Signature.* The equipment operator (item 6) will enter signature immediately upon receipt of equipment.

\*8. *Time.* Indicate time to the nearest 5 minutes using the 24-hour clock.

a. *In.* Enter time equipment was returned from dispatch or use.

b. *Out.* Enter the time the equipment was released for operation by the dispatcher.

c. *Total.* Enter total time the equipment was in the possession of the operator. Time is obtained by subtracting the time listed in "Out" line from that listed on the "In" line.

\*9. *Miles.* Will be recorded to the nearest whole mile.

a. *In.* The operator will enter the mileage reading when the equipment is returned. If odometer is inoperative, enter estimated mileage

b. *Out.* The dispatcher will enter the mileage reading at the time of dispatch.

c. *Total.* Enter the difference between the "Out" and "In" mileage.

\*10. *Hours.* Will be recorded to the nearest whole hour. On those items which require servicing on an hourly basis and are not equipped with an hour meter, enter the estimated hours of operation.

a. *In.* The operator will enter the hour meter reading upon completion of the equipment usage.

b. *Out.* The dispatcher will enter the hour meter reading prior to equipment release.

c. *Total.* Enter the total hours dispatched for operation.

11. *Fuel/Oil.* Enter the amount of fuel (gallons) and/or oil (quarts) obtained for the equipment.

\*12. *Report To.* Enter the name of the individual to whom the operator is to report.

13. *Dispatcher's Signature.* Self-explanatory

14. *Destination.* Indicate each location at which a trip begins and ends. Normally this starts from the equipment pool ("From" Line) and ends at the same place after one or more intervening destinations.

\*15. *Time.* All time will be recorded using the 24-hour clock, rounded off to the nearest 5 minutes.

a. *Arrive.* Enter the arrival time at each destination.

b. *Depart.* Enter the departure time from the motor pool and each succeeding location.

16. *Released By.* The person in charge of equipment on dispatch will release by signing on the line indicating the destination where the equipment was released to the operator. Upon termination of equipment used, but not moved, the person in charge will release the equipment by signing in the top block of this column.

17. *Remarks.* The remarks column will be used by the operator to record unusual operation or abnormal occurrences during operation, or other information as directed.

\*Items marked with an asterisk (\*) have been registered in the DOD Data Element Program.

**MOTOR VEHICLE  
ACCIDENT REPORT**Please read the  
Privacy Act State-  
ment on Page 3.

INSTRUCTIONS: Sections I thru IX are filled out by the vehicle operator. Section X, Items 72 thru 82c are filled out by the operator's supervisor. Sections XI thru XIII are filled out by an accident investigator for bodily injury, fatality, and/or damage exceeding \$500.

**SECTION I - FEDERAL VEHICLE DATA**

1. DRIVER'S NAME (Last, first, middle)		2. DRIVER'S LICENSE NO./STATE/LIMITATIONS		3. DATE OF ACCIDENT	
4a. DEPARTMENT/FEDERAL AGENCY PERMANENT OFFICE ADDRESS					4b. WORK TELEPHONE NUMBER ( )
5. TAG OR IDENTIFICATION NUMBER	6. EST. REPAIR COST \$	7. YEAR OF VEHICLE	8. MAKE	9. MODEL	10. SEAT BELTS USED <input type="checkbox"/> YES <input type="checkbox"/> NO
11. DESCRIBE VEHICLE DAMAGE					

**SECTION II - OTHER VEHICLE DATA** (Use Section VIII if additional space is needed.)

12. DRIVER'S NAME (Last, first, middle)		13. DRIVER'S LICENSE NUMBER/STATE/LIMITATIONS	
14a. DRIVER'S WORK ADDRESS		14b. WORK TELEPHONE NUMBER ( )	
15a. DRIVER'S HOME ADDRESS		15b. HOME TELEPHONE NUMBER ( )	
16. DESCRIBE VEHICLE DAMAGE		17. ESTIMATED REPAIR COST \$	
18. YEAR OF VEHICLE	19. MAKE OF VEHICLE	20. MODEL OF VEHICLE	21. TAG NUMBER AND STATE
22a. DRIVER'S INSURANCE COMPANY NAME AND ADDRESS			22b. POLICY NUMBER
			22c. TELEPHONE NUMBER ( )
23. VEHICLE IS <input type="checkbox"/> CO-OWNED <input type="checkbox"/> RENTAL <input type="checkbox"/> LEASED <input type="checkbox"/> PRIVATELY OWNED		24a. OWNER'S NAME(S) (Last, first, middle)	24b. TELEPHONE NUMBER ( )
25. OWNER'S ADDRESS(ES)			

**SECTION III - KILLED OR INJURED** (Use Section VIII if additional space is needed.)

26. NAME (Last, first, middle)		27. SEX	28. DATE OF BIRTH
29. ADDRESS			
30. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		31. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	32. LOCATION IN VEHICLE
33. FIRST AID GIVEN BY			
34. TRANSPORTED BY		35. TRANSPORTED TO	
36. NAME (Last, first, middle)		37. SEX	38. DATE OF BIRTH
39. ADDRESS			
40. MARK "X" IN TWO APPROPRIATE BOXES <input type="checkbox"/> KILLED <input type="checkbox"/> DRIVER <input type="checkbox"/> PASSENGER <input type="checkbox"/> INJURED <input type="checkbox"/> HELPER <input type="checkbox"/> PEDESTRIAN		41. IN WHICH VEHICLE <input type="checkbox"/> FED <input type="checkbox"/> OTHER (2)	42. LOCATION IN VEHICLE
43. FIRST AID GIVEN BY			
44. TRANSPORTED BY		45. TRANSPORTED TO	
a. NAME OF STREET OR HIGHWAY		b. DIRECTION OF PEDESTRIAN (SW corner to NE corner, etc.) FROM TO	
46. Pedestrian c. DESCRIBE WHAT PEDESTRIAN WAS DOING AT TIME OF ACCIDENT (Crossing intersection with signal, against signal, diagonally, in roadway playing, walking, hitchhiking, etc.)			

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47. DATE OF ACCIDENT	48. PLACE OF ACCIDENT (Street address, city, state, ZIP Code; Nearest landmark; Distance nearest intersection; Kind of locality (Industrial, business, residential, open country, etc.); Road description).
49. TIME OF ACCIDENT AM PM	

## 50. INDICATE ON THIS DIAGRAM HOW THE ACCIDENT HAPPENED

Use one of these outlines to sketch the scene. Write in street or highway names or numbers.

a. Number Federal vehicle as 1, other vehicle as 2, additional vehicle as 3 and show direction of travel with arrow.

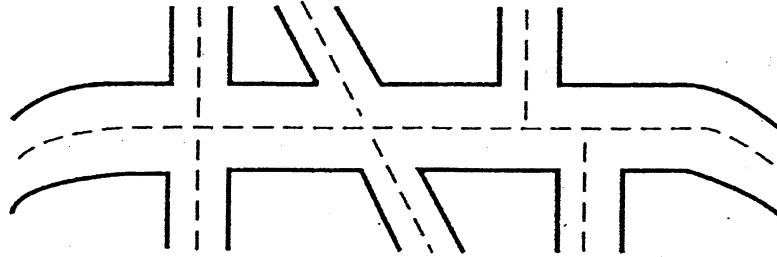
Example: → 1 ← 2 ←

b. Use solid line to show path before accident and broken line after the accident

c. Show pedestrian by → ○

d. Show railroad by ++++++

e. Place arrow in this circle to indicate NORTH



## 51. POINT OF IMPACT (Check one for each vehicle)

FED	2	AREA
		a. FRONT
		b. R. FRONT
		c. L. FRONT
		d. REAR
		e. R. REAR
		f. L. REAR
		g. R. SIDE
		h. L. SIDE

52. DESCRIBE WHAT HAPPENED (Refer to vehicles as "Fed", "2", "3", etc. Please include information on posted speed limit, approximate speed of the vehicles, road conditions, weather conditions, driver visibility, condition of accident vehicles, traffic controls (warning light, stop signal, etc.) condition of light (daylight, dusk, night, dawn, artificial light, etc.), and driver actions (making U-turn, passing, stopped in traffic, etc.).

## SECTION V - WITNESS/PASSENGER (Witness must fill out SF 94, Statement of Witness) (Continue in Section VIII.)

A	53. NAME (Last, first, middle)	54. WORK TELEPHONE NUMBER ( )	55. HOME TELEPHONE NUMBER ( )
	56. BUSINESS ADDRESS	57. HOME ADDRESS	
B	58. NAME (Last, first, middle)	59. WORK TELEPHONE NUMBER ( )	60. HOME TELEPHONE NUMBER ( )
	61. BUSINESS ADDRESS	62. HOME ADDRESS	

## SECTION VI - PROPERTY DAMAGE (Use Section VIII if additional space is needed.)

63a. NAME OF OWNER	63b. OFFICE TELEPHONE NUMBER ( )	63c. HOME TELEPHONE NUMBER ( )
63d. BUSINESS ADDRESS	63e. HOME ADDRESS	
64a. NAME OF INSURANCE COMPANY	64b. TELEPHONE NUMBER ( )	64c. POLICY NUMBER
65. ITEM DAMAGED	66. LOCATION OF DAMAGED ITEM	67. ESTIMATED COST \$

## SECTION VII - POLICE INFORMATION

68a. NAME OF POLICE OFFICER	68b. BADGE NUMBER	68c. TELEPHONE NUMBER ( )
69. PRECINCT OR HEADQUARTERS	70a. PERSON CHARGED WITH ACCIDENT	70b. VIOLATION(S)

SECTION VIII - EXTRA DETAILS

SPACE FOR DETAILED ANSWERS. INDICATE SECTION AND ITEM NUMBER FOR EACH ANSWER. IF MORE SPACE IS NEEDED, CONTINUE ITEMS ON PLAIN BOND PAPER.

SECTION IX - FEDERAL DRIVER CERTIFICATION

In compliance with the Privacy Act of 1974, solicitation of the information requested on this form is authorized by Title 40 U.S.C. Section 491. Disclosure of the information by a Federal employee is mandatory as the first step in the Government's investigation of a motor vehicle accident. The principal purposes for using this information is to provide necessary data for legal counsel in legal actions resulting from the accident and to provide accident information/statistics in analyzing accident causes and developing methods of reducing accidents. Routine use of information may be by Federal, State or local governments, or agencies, when relevant to civil, criminal, or regulatory investigations or prosecutions. An employee of a Federal agency who fails to report accurately a motor vehicle accident involving a Federal vehicle or who refuses to cooperate in the investigation of an accident may be subject to administrative sanctions.

I certify that the information on this form (Sections I thru VIII) is correct to the best of my knowledge and belief.

71a. NAME AND TITLE OF DRIVER

71b. DRIVER'S SIGNATURE AND DATE

SECTION X - DETAILS OF TRIP DURING WHICH ACCIDENT OCCURRED

72. ORIGIN

73. DESTINATION

74. EXACT PURPOSE OF TRIP

75. TRIP BEGAN	DATE	TIME (Circle one) a.m. p.m.	76. ACCIDENT OCCURRED	DATE	TIME (Circle one) a.m. p.m.
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77. AUTHORITY FOR THE TRIP WAS GIVEN TO THE OPERATOR  
☐ ORALLY ☐ IN WRITING (Explain)

78. WAS THERE ANY DEVIATION FROM DIRECT ROUTE  
☐ NO ☐ YES (Explain)

79. WAS THE TRIP MADE WITHIN ESTABLISHED WORKING HOURS  
☐ YES ☐ NO (Explain)

80. DID THE OPERATOR, WHILE ENROUTE, ENGAGE IN ANY ACTIVITY OTHER THAN THAT FOR WHICH THE TRIP WAS AUTHORIZED?  
☐ NO ☐ YES (Explain)

81. COMPLETED BY DRIVER'S SUPERVISOR	a. DID THIS ACCIDENT OCCUR WITHIN THE EMPLOYEE'S SCOPE OF DUTY		b. COMMENTS
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

82a. NAME AND TITLE OF SUPERVISOR

82b. SUPERVISOR'S SIGNATURE AND DATE

82c. TELEPHONE NUMBER

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## SECTION XI - ACCIDENT INVESTIGATION DATA

83. DID THE INVESTIGATION DISCLOSE CONFLICTING INFORMATION. ☐ YES ☐ NO (If "Yes", explain below.)

## 84. PERSONS INTERVIEWED

NAME	DATE	NAME	DATE
a.		c.	
b.		d.	

85. ADDITIONAL COMMENTS (Indicate section and item number for each comment.)

## SECTION XII - ATTACHMENTS

LIST ALL ATTACHMENTS TO THIS REPORT

## SECTION XIII - COMMENTS/APPROVALS

86. REVIEWING OFFICIAL'S COMMENTS

## 87. ACCIDENT INVESTIGATOR

a. SIGNATURE AND DATE

b. NAME (First, middle, last)

c. TITLE

d. OFFICE

e. OFFICE TELEPHONE NUMBER

( )

## 88. ACCIDENT REVIEWING OFFICIAL

a. SIGNATURE AND DATE

b. NAME (First, middle, last)

c. TITLE

d. OFFICE

e. OFFICE TELEPHONE NUMBER

( )

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OPERATOR'S INSPECTION GUIDE AND TROUBLE REPORT	
REGISTRATION NO.	ODOMETER READING
Use this form as a guide when performing before and after operation inspections. Check (✓) items that require servicing by maintenance personnel.	
<input type="checkbox"/>	1. DAMAGE (Exterior/Interior/Missing Components)
<input type="checkbox"/>	2. LEAKS (Oil, Gas, Water)
<input type="checkbox"/>	3. TIRES (Check inflation, abnormal wear)
<input type="checkbox"/>	4. FUEL, OIL, WATER SUPPLY (Antifreeze in season)
<input type="checkbox"/>	5. BATTERY (Check water level, cables, etc.)
<input type="checkbox"/>	6. HORN
<input type="checkbox"/>	7. LIGHTS/REFLECTORS/MIRRORS/TURN SIGNALS
<input type="checkbox"/>	8. INSTRUMENTS (Oil, Air, Temperature, etc.)
<input type="checkbox"/>	9. WINDSHIELD WIPER
<input type="checkbox"/>	10. CLEAN WINDSHIELD/VEHICLE INTERIOR
<input type="checkbox"/>	11. CARGO, MOUNTED EQUIPMENT
<input type="checkbox"/>	12. STEERING
<input type="checkbox"/>	13. SAFETY DEVICES (Seat belts, flares, etc.)
<input type="checkbox"/>	14. DRIVE BELTS/PULLEYS
<input type="checkbox"/>	15. BRAKES (Drain air tank when equipped)
<input type="checkbox"/>	16. OTHER (Specify in "Remarks")
DATE	OPERATOR'S SIGNATURE
REMARKS	

NAVJAG 9-11240/13 (12-69)  
 Supersedes DD Form 1358  
 S/N-0105-004-1195